



PERSONAL HISTORY QUESTIONNAIRE (PHQ)

All information provided on this form is considered to be strictly confidential to the extent permitted by law and will be utilized by the City of Cincinnati Human Resources, Fire and/or Police Departments **ONLY** and will not be disclosed to any unauthorized person(s).

Personal History of:

(Last Name)

(First Name)

(Middle Name)

Social Security #: _____-- _____-- _____

STATEMENT AND EXPLANATION OF THE RATIONALE GOVERNING THE CRITICAL IMPORTANCE OF INSURING THE RECRUITMENT AND SELECTION OF APPLICANTS WITH THE HIGHEST POSSIBLE POTENTIALS FOR SUCCESS AS A FIRE FIGHTER/POLICE OFFICER. PLEASE BE ADVISED THAT THIS INFORMATION WILL BE UTILIZED DURING THE POLYGRAPH PROCESS. THEREFORE, IT IS CRITICAL FOR ALL INFORMATION TO BE ACCURATE AND COMPLETE.

1. Protection of lives, security, public welfare, quality of life and property rights are at stake.
2. In pursuit of their mandate to protect and serve safety personnel must be prepared to react in split-second fashion with due restraint, to life-threatening crises and/or matters dealing with private domain—even intimate aspects of individuals' lives. This responsibility requires that safety personnel possess the mental skills, physical agility, self-discipline, emotional maturity and judgment to balance authority with compassion and proceed in a professional manner.
3. Unquestionably, the demands imposed on these positions are extraordinarily sensitive. Consequently, the selection procedures must be extraordinarily sensitive. It is critically important to ascertain if there are adverse factors that will prevent an individual from performing his/her duties in an efficient, professional manner.
4. An essential component of the selection process is the Personal History Questionnaire (PHQ). It enables an applicant to organize his/her responses to relevant questions and present them in a comprehensive attested document.

EXPLANATION OF THE PURPOSE, USE AND IMPORTANCE OF THE PHQ

It is important that you understand the purpose of this form and the objective professional manner in which we will treat the information you provide before you begin to complete this PHQ.

We want you to consider the PHQ as an opportunity to organize and present relevant information about yourself. This information will assist us in gaining an accurate picture of your background to be used as one of the pieces in our appraisal of the "appropriateness of fit" between you and the position for which you are applying. Other tools which may be used are your self-presentation in interviews, and Behavior Assessment.

Additionally, we want you to know that we not only consider the facts presented, but we also consider your explanations surrounding the facts. That is why it is vital that you make a special effort to **answer all questions completely, truthfully and thoughtfully**. There are many opportunities within the form for you to offer an explanation of facts or circumstances. The Civil Service Commission now allows inquiries into arrest records as an opportunity for you to offer an explanation of the circumstances surrounding that arrest. No one will be eliminated from the process based on an arrest record alone.

We will take an overview of the information that you provide and treat it in a "profile" manner which enables us to make judgments about your background as well as analyze specific areas. Using a full scope of information, we can judge the overall balance of your strengths and limitations so that our judgments about your eligibility are not unduly influenced by narrow or isolated bits of information.

In analyzing your background in the various profiled areas, we are looking for evidence of your sense of responsibility, self-discipline, emotional maturity and the ability to exercise good judgment as you meet the demands of living in our contemporary society.

All questions must be answered. If a question does not apply to your particular circumstance, insert DNA (Does Not Apply) in the proper blank. **Also, sign and date each page.**

Use the available option to add information to a particular question. Do not leave out information due to lack of space.

OBLIGATION TO ANSWER ALL QUESTIONS TRUTHFULLY

There are moral and legal obligations to complete this PHQ in a truthful, fully informative manner. Be fully truthful and do not evade questions. All information is subject to verification via home visits, source documentation, polygraph (lie detector) examination, etc.

The Ohio Revised Code, rules and regulations of the City of Cincinnati, Ohio, Cincinnati's Municipal Code and Civil Service Commission Rules provide penalties for making a false statement of a material fact or for practicing fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

I acknowledge reading and understanding this information.

I voluntarily withdraw from the selection process.

I understand and will comply with the selection process.

Signature _____

Date _____

SECTION 1 PERSONAL HISTORY

1. Legal Name: _____
(Last) (First) (Full Middle Name)
2. Have you ever gone by another name? ____ Yes ____ No

If yes, explain (Maiden name, adopted name, aliases, nicknames, name changed by court order, etc.) _____

3. Current Address: _____
Number Street Apt. # City State Zip Code
4. Current Social Security Number: _____--____--_____
5. Other Social Security Numbers ever assigned to you/used by you:

6. Sex: Male ____ Female ____
7. Date of Birth: ____/____/____ 7. 8. Age: ____ 9. Height (inches): _____
10. Weight: _____ lbs. 11. Color of hair: _____ 12. Color of eyes: _____
13. Ethnic identification (can be used to report statistical data per court ordered consent decree):
Black ____ Caucasian ____ Other (specify) _____
14. Scars, tattoos, marks or other unique/identifying characteristics: _____

15. Citizenship: U.S. Born ____ U.S. Naturalized ____ Other (specify) _____
16. Place of Birth (City, State, County or Parish): _____
17. Driver's License # _____

State Issued: _____ Type _____ Expiration Date: _____
18. Residence Phone Number w/Area Code: () _____ - _____
19. Business Phone Number w/Area Code: () _____ - _____
20. Cell Phone Number w/Area Code: () _____ - _____
21. E-mail Address: _____

Signature _____ Date _____

SECTION 2

ADDRESS HISTORY

List **all** previous addresses for the past **ten years. Begin with your current address**
Use additional paper if necessary.

[illegible]

SECTION 3 DRIVING HISTORY

DRIVING CITATIONS

List **all** driving citations, tickets, summons and or license suspensions you have received as an **adult or juvenile**. Use additional paper if necessary. Please ensure you request and review your driving abstract prior to the completion of this section to ensure the information is accurate. Start with the **most recent** occurrence. There is no time limitation.

[illegible]

SECTION 3 DRIVING HISTORY

AUTO ACCIDENTS

List **all** auto accidents in which you were involved as an **adult or juvenile**. Use additional paper if necessary. Please ensure you make contact with all insurance agencies to ensure the information is accurate. There is no time limit. Start with the **most recent** occurrence.

Month/Year	City, State, County	Charge	What Occurred	Injury or Death Involved

Signature_____ Date_____

SECTION 4 PERSONAL REFERENCES

Complete the following information on **at least three people** (other than relatives, significant others, past or present employers) who know you well enough to give current/past information about you. Feel free to provide information on up to six persons if you so choose.

Name_____ Approximate Age_____

Address (Residence):

Number Street Apt. # City State Zip Code

Residence Telephone Number (include area code)_____

How Do You Know This Person_____ Years Known (approximate)_____

Reference Work Hours: From_____ To_____

Reference Off Days: _____

Name_____ Approximate Age_____

Address (Residence):

Number Street Apt. # City State Zip Code

Residence Telephone Number (include area code) _____

How Do You Know This Person_____ Years Known (approximate)_____

Reference Work Hours: From_____ To_____

Reference Off Days:_____

Name_____ Approximate Age_____

Address (Residence):

Number Street Apt. # City State Zip Code

Residence Telephone Number (include area code)_____

How Do You Know This Person_____ Years Known (approximate)_____

Reference Work Hours: From_____ To_____

Reference Off Days:_____

Signature_____ Date_____

SECTION 5 EDUCATION

1. Check the one which applies: _____High School graduate _____GED

2. Highest grade completed:

_____High School _____College Attendance (no degree) _____Associate Degree

_____Bachelor Degree _____Masters _____Doctorate

Specify

Degree: _____

Type

Major

Specify

Degree: _____

Type

Major

List each high school, trade school, college or university you attended. **You must provide transcripts to receive consideration for coursework completed.** If you have any additional certifications, coursework or training you would like us to consider with your application; documentation **must** be provided.

Type of School (High School, University, College, Trade, Extension, Correspondence)	Name of School and Areas of Concentration	Location of School (Address, Zip Code & Phone Number)	Attendance Dates From To	Diploma or Degree Yes No	Type of degree or # of Credit Hours Completed

Signature _____ Date _____

SECTION 6

EMPLOYMENT HISTORY

Begin with your most recent job and list your complete work history in chronological order. **YOU MUST LIST ALL JOBS.** Include all full-time jobs, part-time jobs, seasonal jobs, casual employment, temporary employment, employment as a youth, and military service. Use additional paper if necessary. Please include correct addresses and zip codes. There is no time limit.

May we contact your present employer at this time? Yes_____ No_____

From Date:	Name of Employer:	Were you terminated/fired or asked to resign in lieu of termination from this job? [] Yes [] No	
To Date:	Address of Employer, Zip Code:	If yes, why:	
	Business Telephone Number: () _____ - _____		
Total Time Employed:	Full Name of Immediate Supervisor: _____		
_____ yrs	Supervisor's Phone #: () _____ - _____		
_____ mos	Job Title:	Salary: \$	
Full Time []	Description of Duties:	Reason for Leaving:	
Part Time []			
Name of co-worker at this job: _____			
Phone# () _____ - _____ E-mail address: _____			
On this job, were you ever disciplined?			
Verbal [] Yes [] No _____ Number of times		Written [] Yes [] No _____ Number of times	
Suspension [] Yes [] No _____ Number of times		Demotion [] Yes [] No _____ Number of times	
Reason(s):			

Section 6

Employment History (cont.)

From Date:	Name of Employer:	Were you terminated/fired or asked to resign in lieu of termination from this job? [] Yes [] No	
To Date:	Address of Employer, Zip Code:	If yes, why:	
	Business Telephone Number: () _____ - _____		
Total Time Employed: ____ yrs ____ mos	Full Name of Immediate Supervisor: _____		
	Supervisor's Phone #: () _____ - _____		
Full Time [] Part Time []	Job Title:	Salary: \$	
	Description of Duties:	Reason for Leaving:	
Name of co-worker at this job: _____			
Phone# () _____ - _____ E-mail address: _____			
On this job, were you ever disciplined?			
Verbal [] Yes [] No ____ Number of times		Written [] Yes [] No ____ Number of times	
Suspension [] Yes [] No ____ Number of times		Demotion [] Yes [] No ____ Number of times	
Reason(s):			

Section 6

Employment History (cont.)

From Date:	Name of Employer:	Were you terminated/fired or asked to resign in lieu of termination from this job? [] Yes [] No	
To Date:	Address of Employer, Zip Code:	If yes, why:	
	Business Telephone Number: () _____ - _____		
Total Time Employed: _____ yrs _____ mos	Full Name of Immediate Supervisor: _____		
	Supervisor's Phone #: () _____ - _____		
Full Time []	Job Title:	Salary: \$	
Part Time []	Description of Duties:	Reason for Leaving:	
Name of co-worker at this job: _____			
Phone# () _____ - _____ E-mail address: _____			
On this job, were you ever disciplined?			
Verbal [] Yes [] No _____ Number of times		Written [] Yes [] No _____ Number of times	
Suspension [] Yes [] No _____ Number of times		Demotion [] Yes [] No _____ Number of times	
Reason(s):			

Section 6
Employment History (cont.)

1. Were you ever involved in a **verbal altercation** with a supervisor, co-worker or customer?

Yes_____ No_____

If yes, identify the job and detail the circumstances:_____

2. Were you ever involved in a **physical altercation** with a supervisor, co-worker or customer?

Yes_____ No_____

If yes, identify the job and detail the circumstances:_____

3. Have you ever quit a job without providing notice? Yes_____ No_____

If yes, identify the job and detail the circumstances:_____

4. Have you ever been accused of discrimination (such sexual harassment, racial bias, sexual orientation harassment, etc.) by a supervisor, co-worker or customer?

Yes_____ No_____

If yes, identify the job and detail the circumstances:_____

Signature_____ Date_____

SECTION 7 MILITARY HISTORY

Check one:

- ☐ I have been in the military. **You must supply a photocopy DD-214 showing discharge.**
☐ I have not been in the military.

Branch of Military (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Army | <input type="checkbox"/> Active Army Reserves |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Naval Reserves |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Air Force Reserves |
| <input type="checkbox"/> Marines | <input type="checkbox"/> Marine Reserves |
| <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Coast Guard Reserves |
| <input type="checkbox"/> National Guard | <input type="checkbox"/> Red Cross Nurse |

State(s):

If no military history, list selective service number (also specify selection service office location):

From Date:	Branch of Military:	Demotions (#, list charges below):
To Date:	Highest Rank:	Article 15 (#, list charges and penalties below):
		Other Disciplinary issues:
Length of Service:	Rank at Discharge:	Captain's Mast (#, list charges and penalties below):
Military Serial No.:	Present Reserve Rank:	

Type of Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General	Character of Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Other than honorable	Court Martials (#, list charges and penalties below):
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Signature_____ Date_____

SECTION 8

DRUGS

A. DRUG USAGE

Have you ever **USED** any of the following drugs at in time? Please include any drugs that were previously identified as legal and are now illegal.

Place a mark (X) ONLY in the applicable YES or NO box. If YES, circle the drug(s) that apply.

DRUG	YES	NO	DATE OF LAST USE MM/DD/YEAR
Marijuana			
Hashish/Hashish Oil			
Cocaine/Crack			
Other use of cocaine (freebase, etc.)			
LSD in any form (Blotter Acid, Microdots/Blue Dots, Purple Haze, Window Pane, Gelatin Squares)			
Hallucinogens (Mushrooms, Mescaline, Psilocybin, Psilocyn, Peyote Cactus, Bath Salts)			
Special K (Ketamine)			
Have you huffed? (Aerosols, Paint, Whippits Nitrous Oxide, Gasoline)			
Speed or Bennies (Methamphetamine, Benzadrine, Crank, Crystal, White Crosses, Uppers, Ice [snortable form], etc.)			
Ecstasy (Gamma Hydroxy Butyrate-GHB, Mollys), Roofies (Rohyphonol, Flunitrazepam Hydrochloride)			
Methaqualone, Ludes, Sopors			
Morphine			
Heroinand/or other Opium derivatives			
Talwin or Pyrobenzamine (T & B's)			
Prescription medication without a prescription including, but not limited to: Vicodin (Hydrocodone), OxyContin (Oxycondone, OXY, OC), Valium, Ritalin (Methylphenidate)			
Any other illegal drug (please list): _____ _____			

B. DRUG POSSESSION

Have you ever **POSSESSED** any of the following drugs? Please include any drugs that were previously identified as legal and are now illegal.

Place a mark (X) ONLY in the applicable YES or NO box. If YES, circle the drug(s) that apply, indicate amount possessed and the date(s) of possession.

DRUG	YES	NO	AMOUNT POSSESSED	DATE(S) POSSESSED MM/DD/YEAR
Marijuana				
Hashish/Hashish Oil				
Cocaine/Crack				
Other use of cocaine (freebase, etc.)				
LSD in any form (Blotter Acid, Microdots/Blue Dots, Purple Haze, Window Pane, Gelatin Squares)				
Hallucinogenic Mushrooms, Mescaline, Psilocybin, Psilocyn, Peyote Cactus				
Special K (Ketamine)				
Other hallucinogens				
Speed or Bennies (Methamphetamine, Benzadrine, Crank, Crystal, White Crosses, Uppers, Ice [snortable form], etc.)				
Ecstasy (Gamma Hydroxy Butyrate-GHB), Roofies (Rohyphonol, Flunitrazepam Hydrochloride)				
Methaqualone, Ludes, Sopors				
Morphine				
Heroinand/or other Opium derivatives				
Talwin or Pyrobenzamine (T & B's)				
Prescription medication without a prescription including, but not limited to: Vicodin (Hydrocodone), OxyContin (Oxycondone, OXY, OC), Valium, Ritalin (Methylphenidate)				
Any other illegal drug (please list): _____ _____				

Section 8
Drugs (Con't)

C. DRUG SALES

Have you ever **SOLD** any of the following drugs? Please include any drugs that were previously identified as legal and are now illegal.

Place a mark (X) ONLY in the applicable YES or NO box. If YES, circle the drug(s) that apply, indicate amount sold and date(s) sold.

DRUG	YES	NO	AMOUNT SOLD	DATE(S) SOLD MM/DD/YEAR
Marijuana				
Hashish/Hashish Oil				
Cocaine/Crack				
Other use of cocaine (freebase, etc.)				
LSD in any form (Blotter Acid, Microdots/Blue Dots, Purple Haze, Window Pane, Gelatin Squares)				
Hallucinogenic Mushrooms, Mescaline, Psilocybin, Psilocyn, Peyote Cactus				
Special K (Ketamine)				
Other hallucinogens				
Speed or Bennies (Methamphetamine, Benzadrine, Crank, Crystal, White Crosses, Uppers, Ice [snortable form], etc.)				
Ecstasy (Gamma Hydroxy Butyrate-GHB), Roofies (Rohyphonol, Flunitrazepam Hydrochloride)				
Methaqualone, Ludes, Sopors				
Morphine				
Heroin and/or other Opium derivatives				
Talwin or Pyrobenszamine (T & B's)				
Prescription medication without a prescription including, but not limited to: Vicodin (Hydrocodone), OxyContin (Oxycondone, OXY, OC), Valium, Ritalin (Methylphenidate)				
Any other illegal drug (please list): _____ _____				

SECTION 9 ALCOHOL USAGE

When was the last time you consumed alcohol and operated a motor vehicle to the extent that your ability to drive safely was impaired, including "buzzed" driving?

MONTH	YEAR	REASON

SECTION 10 CRIMINAL HISTORY

A. ARRESTS

Complete the Criminal History/Arrests section with the knowledge that arrests are part of the computer printout generated during the Background Investigation. Therefore, this section will allow you the opportunity to explain the issues surrounding the arrest.

An arrest record alone without conviction is not sufficient cause for elimination from this process but must be listed along with expungements and dismissals.

Have you ever been **arrested, received a criminal citation** (i.e. pay-out misdemeanor, other than traffic), **or been summoned/subpoenaed to appear as the defendant** in a criminal court proceeding:

1. **As a Juvenile?** (This item may include truancy violations signed by your parents.)

Yes_____ No_____ If yes,

When? _____

Where? _____

For what? _____

Signature_____ Date_____

Section 10
Criminal History/Arrests (cont.)

Explain each instance: _____

2. As an Adult? Yes _____ No _____ If yes,

When? _____

Where? _____

For what? _____

Explanation each instance: _____

3. Have you ever been identified as an **adult** suspect in a crime? Yes _____ No _____

If yes, explain: _____

Signature _____ Date _____

CRIMINAL HISTORY

B. CONVICTIONS

1. As a **juvenile**, have you ever been convicted of **ANY** criminal offenses (misdemeanors and/or felonies including military)? Yes_____ No_____

If yes, provide details and circumstances for each occasion.

When	Nature of Offense	Where	Disposition

2. As an **adult**, have you been convicted of **ANY** criminal offenses (misdemeanors and/or felonies including military convictions)? Yes_____ No_____

If yes, provide details and circumstances for each occasion.

When	Nature of Offense	Where	Disposition

Signature_____ Date_____

CRIMINAL HISTORY

C. STEALING

Have you ever **stolen** from the following:

	Yes	No	List Date and Explanation
Employer (past)			
Employer (present)			
Relatives			
Co-Workers			
Military			
Customers			
Government			
Strangers			
Neighbors			
Friends			
Businesses			
Others			

Signature_____ Date_____

CRIMINAL HISTORY

D. MISCELLANEOUS

1. Have you ever committed or been an accomplice to an **undetected/unprosecuted** crime? Yes_____ No_____

If yes, list each offense, and explain how you avoided discovery and prosecution.

When	Nature of Offense	Where	Why Not Detected

2. Have you ever solicited a bribe/favor, paid a bribe/favor for any reason? Yes_____ No_____

If yes, provide details and circumstances of each occasion.

When	Nature of Offense	Where	Why

3. Have you worked for an illegal gambling operation or booked any bets? Yes_____ No_____

If yes, when, where and for how much?_____

4. Have you used another person's money (money to which you were not entitled) to gamble without that person's knowledge? Yes_____ No_____

If yes, when, where and how much?_____

Signature_____ Date_____

Section 10
Criminal History/Miscellaneous (Cont.)

5. Have you ever committed arson? Yes_____ No_____

If yes, when, where and explain the circumstances behind the act(s).

6. Have you set or attempted to set fire with the intent to destroy property or cause injury to another person? Yes_____ No_____

If yes, when, where and explain the circumstances behind the act(s).

7. Have you ever intentionally turned in a false alarm or caused one to be transmitted? Yes_____ No_____

If yes, when, where and explain the circumstances behind the act(s).

8. Have you ever detonated or created an explosive device? Yes_____ No_____

If yes, when, where and explain the circumstances behind the act(s).

Signature_____ Date_____

SECTION 11

MEMBERSHIP IN ORGANIZATIONS CONSPIRING AND/OR ADVOCATING USE OF VIOLENCE OF ILLEGAL ACTIVITY

1. Are you now, or have you ever been, a member of an organization that advocates or practices violence and/or unlawful acts (including, but not limited to, bombing or burning structures, murder, mayhem, rioting, kidnapping, or extortion) to affect political or social change? Yes_____ No_____

If yes, provide information for each organization:

Organization	Purpose of Organization	Inclusive Date(s) of Membership	Violent or Illegal Act(s) Planned or Carried Out

2. Have you ever been convicted for the manner in which you carried out your role, directly or indirectly, in pursuit of the organization's activity? Yes_____ No_____

If yes,

A. Inclusive dates involved: From _____ To _____

B. Explain the nature of your activity/activities which led to conviction: _____

3. As a juvenile or an adult, have you ever been a member of, or associated with, a gang or group that participated in illegal activity? Yes_____ No_____ If yes,

A. What was the name of the (each) gang? _____

B. When was the date of your last association? _____

Signature _____ Date _____

SECTION 12

SEXUAL CONDUCT

1. Have you participated in a sexual act in a public place? Yes_____ No_____

If yes, location(s) and number of times:_____

Explain each circumstance: _____

2. Not counting self-masturbation or legal sexual activity with a willing partner, what was your most unusual sex act?

Where and when was it? _____

3. When was the last time you participated in the following:

Act	Date	Number of times and circumstances of each occasion
Soliciting for prostitution		
Peeping Tom		
Exposing yourself		

4. Have you ever had any sexual contact with another person who was 12 years of age or younger at the time? Yes_____ No_____

If yes, list date(s) of each occasion and circumstances:_____

Your age at the time of the act_____ Your partner's age at the time of the act_____

Signature_____ Date_____

Section 12
Sexual Conduct (Con't)

5. Have you ever had sexual contact with another person who was a juvenile **and** four or more years younger than yourself? Yes_____ No_____

If yes, list date(s) each occasion and circumstances. _____

Your age at the time of the act_____ Your partner's age at the time of the act_____

6. After reaching your 18th birthday, have you ever had sexual contact with another person who was 15 years of age or younger at the time? Yes_____ No_____

If yes, list date(s) of each occasion and circumstances_____

Your age at the time of the act_____ Your partner's age at the time of the act_____

7. Have you ever forced yourself sexually upon any unwilling person? Yes_____ No_____

If yes, list date(s) of each occasion and circumstances. _____

8. Have you ever deliberately inflicted pain on an unwilling partner in a sex act?

Yes_____ No_____

If yes, list date(s) of each occasion and circumstances. _____

Section 12
Sexual Conduct (Con't)

9. Have you ever had sex with a person whose ability to give consent was influenced by any drug, alcoholic beverage, or medical condition?

Yes_____ No_____

If yes, list each occasion and circumstance_____

10. Have you ever accessed or possessed child pornography? Yes_____ No_____

If yes, list date(s) of each occasion and circumstances_____

SECTION 13
INTERNET USAGE

1. Have you ever created or controlled a personal Internet website or account (Facebook, Instagram, Twitter, MySpace, etc.)?

Yes_____ No_____

If yes, what was/is the complete website address and/or account name? _____

2. Is the website still active? Yes_____ No_____

3. What was/is the primary purpose or reason for the website? _____

Section 13
Internet Usage (Con't)

4. Do you regularly participate in any Internet chat rooms? Yes_____ No_____

If yes, list the address(es) of the website(s) and your screen name(s): _____

5. Have you ever viewed, downloaded, possessed or distributed child pornography?

Yes_____ No_____

If yes, list the address(es) of the website(s) and your screen name(s): _____

SECTION 14
FINANCIAL STATUS

1. Indebtedness:

Check all that apply to you as of today:

_____Buying a home _____Renting apartment _____Leasing apartment

_____Living with another person _____Living with parents _____Other

Explain "other" _____

NOTE--"Yes" answers for the following questions **require** an explanation.

2. Have you ever had your wages attached or garnished? Yes_____ No_____

If yes, when and why? _____

Signature_____ Date_____

Section 14
Financial Status (Cont.)

3. Have you ever been a defendant in a small claims court or other court action?

Yes_____ No_____

If yes, when and why? _____

4. Do you have any civil action pending against you related to financial matters?

Yes_____ No_____

If yes, explain: _____

5. Have you ever filed for bankruptcy or been declared bankrupt? Yes_____ No_____

If yes, explain: _____

6. Have you ever been declared delinquent in child support payments ordered by the court? Yes_____ No_____

If yes, explain: _____

7. Have you ever had any property repossessed? Yes_____ No_____

If yes, explain: _____

8. Do you owe back taxes? Yes_____ No_____

If yes, explain: _____

Signature_____ Date_____

Section 14
Financial Status (Cont.)

9. Have you written checks in the past twelve months that you knew would be returned for insufficient funds?

Yes_____ No_____

If yes, explain: _____

10. Are any of your bills in the hands of a bill collection agency? Yes_____ No_____

If yes, explain: _____

11. Have you ever defaulted or failed to pay on a loan, revolving credit, consumer electronics, cell phone, etc.? Yes_____ No_____

If yes, explain: _____

Signature_____ Date_____

Section 14
Financial Status (Cont.)

OVERDUE OR PAST DUE OBLIGATIONS

Obligation	Company (Name, City, State)	Amount Currently Overdue/Past Due
Home Loan		
Personal Loan		
Auto Loan #1		
Auto Loan #2		
Finance Company		
Finance Company		
Visa		
Other Credit Card		
Other Credit Card		
Department Store		
Department Store		
Credit Union		
Obligation	City & State Where Owed	Amount Currently Overdue/Past Due
Child Support		
Child Support		
Bankruptcy		
Small Claims		
FRI (Traffic)		
Civil Suits		
Alimony		

Clarification Section on the following pages.

Signature_____ Date_____

CLARIFICATION SECTION

USE THIS SECTION TO EXPLAIN OR FURTHER ADD TO ANSWERS, MAKE REFERENCE TO THE PARTICULAR PAGE NUMBER, SECTION NUMBER AND QUESTION IN THE SPACE PROVIDED BELOW BEFORE PROCEEDING TO ANSWER. YOUR ANSWERS MUST BE CLEAR IN MEANING. EXPLAIN ALL FACETS OF THE PARTICULAR QUESTION. USE ADDITIONAL PAGES IF NECESSARY.

[illegible]

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[illegible]

CLARIFICATION SECTION

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[illegible]

CERTIFICATION OF AUTHENTICITY FOR PHQ

I understand there are moral and legal obligations to complete this PHQ in a truthful, fully informative manner and to be fully truthful and not evade questions.

The Ohio Revised Code, rules and regulations of the City of Cincinnati, Ohio, Cincinnati's Municipal Code, and Civil Service Commission provide penalties for making a false statement of a material fact or for practicing fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

I certify that the statements contained in this PHQ are true to the best of my knowledge. I understand that any omissions or false statements made on this PHQ may be cause for my removal from the hiring process, rejection of my appointment, or for discharge after appointment. I further realize that any falsehoods may subject me to prosecution under Ohio Revised Code section 2921.13.

Signature of applicant_____

Date _____